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Before the Connecticut General Assembly Public Health Committee
Testimony in support of SB 1076, An Act Concerning Aid in Dying for Terminally Ill Patients
February 27, 2023

Dear Co-Chairs Senator Anwar, and Representative McCarthy-Vahey, Vice-Chairs Kushner, Marx and Parker, Ranking Members Somers and Klarides-Ditria, and other members of the Public Health Committee:

I again appear before you to show my support for An Act Concerning Aid in Dying for the Terminally Ill. My brother Cliff died two years ago awaiting this law.

In 1994, Cliff and our mother lived in San Francisco when she was diagnosed with terminal cancer. She was dead in less than a year. Although I visited several times, much of the responsibility of dealing with her end-of-life care fell on my brother. My last visit was about a week and a half before she died. In her final week, as she neared death and was in extreme pain, doctors kept her completely sedated. She was drugged and never conscious the last 7-10 days of “being alive”.

Our shared experience with her dying shaped our views on end-of-life decisions.

Twenty-two years later, Cliff was diagnosed with a rare cancer that does not respond well to radiation and chemotherapy. Basically, there is no cure. His cancer would spread very slowly until one day it turned aggressive. Surgery was the only option and meant removing the tumor and a margin of healthy tissue. Without surgery Cliff would have been dead in less than a year.

Cliff chose risky surgery at MD Anderson Cancer Center in Houston, Texas. The surgery removed the large tumor at the base of his spine and the right half of his pelvis. This would save his right leg, but he knew going into surgery that he would become disabled. He lost all bladder and bowel control. A few years earlier Cliff and I had hiked the Grand Canyon rim-to-rim. Now he could barely stand and walk short distances with a walker. My point: Cliff chose risking death and becoming disabled for the rest of his life to save his life.

Cliff discharged after nine months of hospitalization, complications, and nearly dying. The cancer was back. More surgery was not an option because of how much bone and tissue had been removed. Cliff left Houston knowing that he had a half-to-several years of pain-filled life left until the cancer became aggressive and killed him.

As Cliff's end drew near, he had choices about how to die. He could have stockpiled drugs and self-administered a lethal overdose. I know he planned to end his life. But he developed a serious

infection, was hospitalized, and then placed in a nursing home. Once in those settings, he lost the ability to decide how to end his life on his terms. Cliff instead became a powerless patient who entered the end-of-life care industry, just like our mother had.

Some opponents of aid in dying say that we should instead focus on improving care for all, especially those who are disabled and dying. I could not agree more with doing more: more social security; more social security disability; more services; more and better healthcare; even more taxes to pay for all this more. However, doing more can coexist with aid in dying; they are not mutually exclusive. This is not an “either or” scenario. Doing more includes terminally ill patients having the legal option of aid in dying.

This legislation contains safeguards and gives terminally ill patients the right to make their own end-of-life decisions. It is compassionate. It is humane. It enhances autonomy.

There were prior efforts to pass this law while Cliff lived with me from 2017 until he died in 2021. We would follow the debates and ultimate failures that should have given him the legal option of dying on his own terms. He died waiting. I ask that you enact SB 1076.

Thank you. I would be glad to answer any questions you may have.